

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Kienzle et al.
Serial No. : 09/578,675 Examiner : J. Ustaris
Filed : May 25, 2000 Group Art Unit : 2611
For : CREDIT BASED MEDIA PRESENTATION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

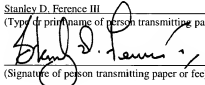
1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on November 9, 2007 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR9-2000-0138US1
(590.010)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	24		**	24	=	*	RATE	FEE	RATE	FEE
Total Claims	24	-	**	24	=	*	\$25	=	\$50	=
Ind. Claims	3	-	***	3	=	*	\$105	=	\$210	=
<input type="checkbox"/> Multiple Dependent Claim Presented							\$185	=	\$370	=
							<u>TOTAL</u>	= \$	<u>TOTAL</u>	= \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

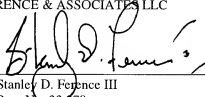
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: November 9, 2007

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile